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CONFIRMATION NO. 4765

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|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/737,044 | FILING DATE<br>12/16/2003<br><br>RULE | CLASS<br>053 | GROUP ART UNIT<br>3721 | ATTORNEY DOCKET NO.<br>D-43342-01 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *tht*

This application is a DIV of 09/961,994 09/24/2001 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *tht*

AUSTRALIA PR0383/00 09/26/2000

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/24/2004

|   |                                  |                        |                       |                            |
|---|----------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no                                | STATE OR<br>COUNTRY<br>AUSTRALIA | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>14 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met |                                  |                        |                       |                            |
| Verified and Acknowledged <i>tht</i><br>Examiner's Signature  | Initials                         |                        |                       |                            |

## ADDRESS

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 29334

## TITLE

Method of forming a sealed container having a sealing sheet material and a reclosable lid, wherein the lid projects into a recessed portion of the sheet material

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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